

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF THE CONTROLLER**

**MENTAL HEALTH COST REPORT EXEMPTION FORM**

**Due Date: 3 Months Following Provider's Fiscal Year End**

**PLEASE COMPLETE AND MAIL IF EXEMPT**

**This completed form MUST be submitted in order to request exemption.**

**\*REQUIRED**

\_\_\_\_\_  
(Federal Tax ID)

\_\_\_\_\_  
(Corporate Name)

\_\_\_\_\_  
(Corporate Address)

\_\_\_\_\_  
(Corporate Phone #)

\_\_\_\_\_  
(Medicaid Provider #)

\_\_\_\_\_  
(NPI #)

\_\_\_\_\_  
(Medicaid Provider #)

\_\_\_\_\_  
(NPI #)

\_\_\_\_\_  
(Medicaid Provider #)

\_\_\_\_\_  
(NPI #)

\_\_\_\_\_  
(Medicaid Provider #)

\_\_\_\_\_  
(NPI #)

\_\_\_\_\_  
(Medicaid Provider #)

\_\_\_\_\_  
(NPI #)

**Please attach additional sheet if more Medicaid Provider and NPI #s are needed.**

**A.** \_\_\_\_\_ is exempt from the Mental Health Cost Report requirements because I/we provide **no** direct care enhanced mental/behavioral health services **and/or** only provided CPT code services. Along with this form, LMEs must also include a written request for exemption and a copy of the Provider Payment worksheet showing the provider Medicaid payments that passed through the LME.

For CAP-MR/DD providers, please check the one that applies:

**B1.** \_\_\_\_\_ is exempt from the Mental Health Cost Report requirements because I/we provide ONLY CAP-MR/DD services **and** will be completing the CAP-MR/DD Cost Report if required.

**B2.** \_\_\_\_\_ is exempt from the Mental Health Cost Report requirements because I/we provide both enhanced mental/behavioral health and CAP-MR/DD services **and** my/our accounting year ends **prior to** July 1, 2007.

Note: For providers who provide both enhanced mental/behavioral health services and CAP-MR/DD services and have an accounting year that ends **on or after** December 31,

## Appendix F

2007, a Mental Health cost report incorporating both enhanced mental/behavioral health and CAP-MR/DD services is due five (5) months after your accounting year end.

- C.**\_\_\_\_\_ is exempt from the Mental Health Cost Report requirements because I/we provide ONLY HRI Levels of Service and I/we will be completing the Residential Treatment Cost Report for my/our most recently closed year end if required. If other enhanced mental/behavioral Health services were also provided, this does not apply
- D.**\_\_\_\_\_ is exempt from the Mental Health Cost Report requirements because I/we provide ONLY residential and foster care services and a Foster Care Cost Report will be filed for my/our most recently closed year end. If other enhanced mental/behavioral Health services were also provided, this does not apply.
- E.**\_\_\_\_\_ is exempt from the Mental Health Cost Report requirements because I/we provide ONLY ICF-MR Services. ICF-MR Cost Reports are required of all ICF-MR providers.

*ICF-MR providers shall report all cost for enhanced mental/behavioral health services on the Mental Health Cost Report.*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of provider agency's management)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Printed name of person signing above)

**FAX:** (919)715-3095

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